appointment suffering from a blurry vision and photophobia. Ophthalmologic examination showed a bilateral reactive half-mydriasis, eye pressure was 14 mmHg and fundus examination was normal. Iatrogenic origin of mydriasis was suspected. A gradual interruption of the medication lead to disappearance of the latter. A pharmacological investigation concluded to the suspension of escitalopram and to be vigilant if an antidepressant medication would be needed.
Conclusions: Mydriasis is an uncommon side effect caused by SSRI that needs to be kept in mind by clinicians. Therapeutic patient education can help to detect abnormal side effects and treat them if needed.

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EPV0848

Pharmacogenomics and clinical response to antipsychotic treatment. Expectations vs reality.

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Introduction: According to the ICD-10 classification system, manic episodes in bipolar affective disorder (BAD) are typically characterised by sudden onset of symptoms and a duration between two weeks and five months. Mood stabilizers and 2nd generation antipsychotics are recommended as first-line treatment. Herein we report a young individual with Bipolar Affective Disorder (BAD), who had an unexpected response to medication given his pharmacogenomic results.
Objectives: To investigate the clinical use of the pharmagenomic results of antipsychotic treatment.
Methods: Clinical assessment, psychometric evaluation and pharmacogenomic analysis.
Results: Cerebral CT scanning showed dilatation of the ventricular system and subarachnoid spaces, findings that are not compatible with the patient's age, but are seen in individuals with BAD (Keener & Phillips, 2007).
For the purposes of psychological evaluation, her underwent the psychometric assessments Rorschach and MMPI. Rorschach evaluation showed mild manic traits with grandiose ideas and dissocial personality traits through hetero-catastrophic ideas. The MMPI evaluation indicated a psychopathic personality with borderline traits. His clinical examination and psychiatric history confirmed the diagnosis of BAD.
In order to investigate the patient's poor response to prior pharmacological treatment and determine the future optimal, we referred him for pharmacogenomic testing. The latter involved determination of allele frequencies predicting variations in activity of cytochrome (CYP) P450 drug metabolizing enzymes. Genotyping of CYP450 is known to have a clinical impact on treatment choice and dosage adjustment in patients with BAD (Yenilmez, Tamam, Karaytug & Tuli, 2018). Based on his results, he was discharged on aripiprazole.
He scored 44 in YMRS (Young Mania Rating Scale) upon admission. Blood tests were normal and no other health problems were evident.
Twenty days later, the patient was re-admitted due to clinical deterioration, which prompted the replacement of aripiprazole with olanzapine. He responded satisfactorily to olanzapine and was discharged in good condition on a dosage of 10mg OD and amp 405mg once/month. He continued his treatment with valproic acid 2000mg daily.
Conclusions: The patient responded well to olanzapine, which is strongly related to the CYP1A2 enzyme. Based on the prediction that he would be a rapid metabolizer, olanzapine should only have been effective at higher doses. Besides, the patient was a smoker, meaning he should have required even higher doses, as smoking induces the CYP1A2 enzyme.

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Clinician's attitude towards clozapine prescription

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Introduction: Current clinical guidelines recommend the use of clozapine for the treatment of refractory schizophrenia, present in up to a third of patients with this disease. Despite the evidence, the data point to low prescription, underdosing, and delayed initiation.
Objectives: The objective of the study is to elucidate which factors may interfere in clozpine prescription.
Methods: This is a cross-sectional observational study, carried out using a survey designed specifically for it.
It was answered online by seventy psychiatrists affiliated with the Catalan Society of Psychiatry.
Results: More than half admitted having prescribed two or more antipsychotics without having previously ruled out pseudorefractoriness through depot treatment. 70% recognized the need for monitoring as the main prescription barrier, while the main reason for withdrawal was its adverse effects. The most alarming was considered agranulocytosis, with drooling, drowsiness and weight gain being the most reported.
Statistically significant differences (p=0.031) were found in relation to the years of experience and the device where clozapine was preferred to be started: <10 years in hospital, 10-20 years in partial hospitalization and >20 years outpatient office.
Statistically significant differences were observed in the preference of the device for its initiation depending on the usual work device: hospitalization (p<0.000) and partial hospitalization (p=0.046) preferred to schedule it from their respective devices, without any preference in consultations.
The level of experience and the most reported side effect were statistically significant: for the newest psychiatrists it was weight gain (p=0.031), without presenting differences in the rest of the groups.
Conclusions: Clozapine is the psychoactive drug of choice in refractory schizophrenia, so efforts should be devoted to reducing prescription barriers, offering training on its management and innovating forms of monitoring to promote its use.

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